

DISTRICT I
P.O. Box 1980, Hobbs NM 88240

DISTRICT II
811 South First, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, New Mexico 87505

WELL API NO.
30-025-30065

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-9118

7. Lease Name or Unit Agreement Name

Wiser 29 State Comm

8. Well No.
1

9. Pool name or Wildcat
Lovington Penn, Northeast

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS).

1. Type Of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Mack Energy Corporation

3. Address of Operator
P.O. Box 960, Artesia, NM 88211-0960

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line
Section 29 Township 16S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3808.3 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- Set 5 1/2 CIBP at 11,000', cap w/35' cement
- Load hole w/mud
- Spot 100' cement plug at 8000'
- Cut 5 1/2 casing at Free Point approx 7500' + or -
- Spot 100' cement plug at 5 1/2 stub 50' in 50' out and tag
- Spot 100' cement plug at Top of San Andres 4850'
- Spot 100' cement plug at 8 5/8 shoe 50' in 50' out and tag
- Spot 100' cement plug at 2200' across salt
- Spot 100' cement plug at 13 3/8 shoe 50' in 50' out 13 3/8 shoe at 371
- Spot 20sx cement plug at surface, set P.A. Marker.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Crissa D. Carter TITLE Production Clerk DATE 6/19/97

TYPE OR PRINT NAME

Crissa D. Carter

TELEPHONE NO. (505)748-1288

(This space for State Use) ORIGINAL FILED BY C. WILLIAMS
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: